

# Ambulatory Surgery Pre-Operative Assessment Form

## Patient Information

Patient Name

Date of Birth

Medical Record Number

Allergies

## Surgical Information

Planned Procedure

Date of Surgery

Surgeon

## Medical History

Relevant Medical History

Current Medications

## Assessment & Examination

ASA Classification

Vital Signs

Physical Exam Notes

Anesthesia Assessment

Airway Evaluation

Anesthesia Plan

Consent & Preparation

Surgical Consent Verified

NPO Status

Clinician

Clinician Name

Date